

KPS HEALTH PLANS	SCHEDULE OF DENTAL PROCEDURES	
Procedure Description	Procedure Code	KPS Fee Schedule
DIAGNOSTIC-Class 1		
Clinical oral evaluations		
Periodic oral exam	D0120	\$41.00
Limited oral evaluation - problem focused	D0140	\$58.00
Comprehensive oral evaluation	D0150	\$57.00
Radiographs/diagnostic imaging		
Intraoral - complete series (including bitewings)	D0210	\$95.00
Intraoral - periapical first film	D0220	\$20.00
Intraoral - periapical each additional film	D0230	\$19.00
Bitewings - two films	D0272	\$31.00
Bitewings - four films	D0274	\$45.00
Panoramic film	D0330	\$77.00
PREVENTIVE-Class I & II		
Dental prophylaxis-Class I		
Prophylaxis - adult	D1110	\$88.00
Prophylaxis - child	D1120	\$51.00
Topical fluoride treatment- Class I (office procedure)		
Topical application of fluoride (including prophylaxis) - child	D1201	\$81.00
Topical application of fluoride (prophylaxis not included) - child	D1203	\$32.00
Other preventive services-Class II		
Sealant - per tooth	D1351	\$28.00
RESTORATIVE-Class II & III		
Amalgam restorations-Class II (including polishing)		
Amalgam - one surface, permanent	D2140	\$77.00
Amalgam - two surfaces, permanent	D2150	\$104.00
Amalgam - three surfaces, permanent	D2160	\$126.00
Amalgam - four or more surfaces, permanent	D2161	\$152.00
Resin-based composite restorations-Class II		
Resin-based composite - one surface, anterior	D2330	\$87.00
Resin-based composite - two surfaces, anterior	D2331	\$121.00
Resin-based composite - three surfaces, anterior	D2332	\$152.00
Resin-based composite - four or more surfaces or involving incisal angle (anterior)	D2335	\$186.00
Resin-based composite - one surface, posterior	D2391	\$108.75
Resin-based composite - two surfaces, posterior	D2392	\$146.00
Resin-based composite - three or more surfaces, posterior	D2393	\$190.00
Resin-based composite - four or more surfaces, posterior	D2394	\$232.50
Inlay/Onlay Restorations		
Onlay-metallic-four or more surfaces	D2544	\$204.00
Crowns - single restorations only-Class III		
Crown - porcelain fused to high noble metal	D2750	\$414.00
Crown - porcelain fused to predominantly base metal	D2751	\$397.00
Crown - full cast high noble metal	D2790	\$411.00
ENDODONTICS-Class II		
Endodontic therapy (including treatment plan, clinical procedures and follow-up care)		
Anterior (excluding final restoration)	D3310	\$495.00
Bicuspid (excluding final restoration)	D3320	\$525.00
Molar (excluding final restoration)	D3330	\$706.00
PERIODONTICS-Class II		
Surgical services (including usual post-operative care)		
Gingivectomy or gingivoplasty - per quadrant	D4210	\$472.00
Gingivectomy or gingivoplasty - per tooth	D4211	\$127.00
Non-surgical periodontal service		
Periodontal scaling and root planing, per quadrant	D4341	\$131.00
Other periodontal services		
Periodontal maintenance procedures (following active therapy)	D4910	\$106.00
PROSTHODONTICS-Class III		
Complete dentures (including routine post-delivery care)		
Complete denture - maxillary	D5110	\$520.00
Complete denture - mandibular	D5120	\$460.00
PROSTHODONTICS, FIXED-Class III		
Fixed partial denture pontics		
Pontic - porcelain fused to high noble metal	D6240	\$407.00
Pontic - porcelain fused to predominantly base metal	D6241	\$375.00
Pontic - porcelain fused to noble metal	D6242	\$386.00
Fixed partial denture retainers - crowns		
Crown - porcelain fused to predominantly base metal	D6751	\$403.00
Crown - porcelain fused to noble metal	D6752	\$428.00
Crown - full cast high noble metal	D6790	\$415.00
ORAL AND MAXILLOFACIAL SURGERY-Class II		
Extractions (includes local Anesthesia, Suturing, If Needed, and Routine Postoperative Care)		
Coronal remnants-deciduous tooth	D7111	\$292.00
Root removal-exposed roots	D7140	\$248.75
Surgical Extractions (local Anesthesia, Suturing, If Needed, and Routine Postoperative Care)		
Surgical removal of erupted tooth requiring elevation of mucoperiosteal		
Flap and removal of bone and/or section of tooth	D7210	\$199.00
Removal of impacted tooth – partially bony	D7230	\$273.00
Removal of impacted tooth – completely	D7240	\$289.00
Surgical removal of residual tooth roots (cutting procedure)	D7250	\$178.00

If the procedure performed is not shown in the above Schedule and is not expressly excluded by any of the terms of this plan, a similar procedure may be used as a basis for determining the Maximum Amount Payable. The final determination of allowances, if any, is within the sole discretion of KPS.